

SERFF Tracking Number: CLTR-125590895 State: Arkansas
Filing Company: Essentia Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: AC 01 08 PA
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: PERSONAL AUTO
Project Name/Number: AUTOMOBILIA/AC 01 08 PA

Filing at a Glance

Company: Essentia Insurance Company

Product Name: PERSONAL AUTO

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Filing Type: Rule

SERFF Tr Num: CLTR-125590895 State: Arkansas

SERFF Status: Closed

Co Tr Num: AC 01 08 PA

Co Status:

Authors: Karen Pollitt, Stephanie Young, Linda Ryan-James

Date Submitted: 04/11/2008

State Tr Num: EFT \$25

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Disposition Date: 04/15/2008

Disposition Status: Approved

Effective Date Requested (New): 06/01/2008

Effective Date Requested (Renewal): 06/01/2008

Effective Date (New): 06/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AUTOMOBILIA

Project Number: AC 01 08 PA

Reference Organization:

Reference Title:

Filing Status Changed: 04/15/2008

State Status Changed: 04/15/2008

Corresponding Filing Tracking Number: CLTR-125403611, CLTR-125403608

Filing Description:

Essentia Insurance Company is introducing 2 new endorsements to our multi-state Classic Auto Program, both of which include personal property coverage on a blanket or scheduled limits basis. The endorsements have been developed to meet the needs of our collector vehicle clients for superior, competitively-priced coverage which is simple to obtain for all of their hobby-related personal property. This filing includes the auto manual rule change for this program. Separate inland marine filings were made to file the actual endorsements and inland marine rules and rates.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>CLTR-125590895</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Essentia Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>AC 01 08 PA</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>PERSONAL AUTO</i>		
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The coverages being introduced are.

Collectible Personal Property Coverage

The concept is simple: people who collect cars like to collect other property too. This endorsement offers optional inland marine coverage for other kinds of collectible property besides cars, on the auto policy. We have created customized classes - such as Automobilia and Nautical Collectibles - with the needs of our exclusive agency's collector auto clients in mind. And while the Automobilia class is the most natural fit for our mutual customers, policyholders will benefit by the inclusion of up to eight different classes of collectible property.

Spare Parts or Tools Coverage

In keeping with our desire to target our coverage to the needs of collector-clients, we are also offering the Spare Parts or Tools Coverage Endorsement on the auto policy. This endorsement provides broad, inland marine coverage for classes of personal property that are commonly owned and often un/underinsured under traditional auto and homeowner policies.

Company and Contact

Filing Contact Information

(This filing was made by a third party - coulterandassociatesinc)

Linda Ryan-James, Consultant	linda@coulter-and-associates.com
Coulter & Associates, Inc.	(609) 443-7540 [Phone]
Cranbury, NJ 08512	(609) 443-4103[FAX]

Filing Company Information

Essentia Insurance Company	CoCode: 37915	State of Domicile: Missouri
One Beacon Lane	Group Code: 1129	Company Type: Property & Casualty
Canton, MA 02021	Group Name:	State ID Number:
(617) 725-6000 ext. [Phone]	FEIN Number: 04-2672903	

Filing Fees

SERFF Tracking Number: CLTR-125590895 State: Arkansas
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Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: Arkansas fee for an independent rule filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Essentia Insurance Company	\$25.00	04/11/2008	19494151

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	04/15/2008	04/15/2008

SERFF Tracking Number: CLTR-125590895

State: Arkansas

Filing Company: Essentia Insurance Company

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TOI: 19.0 Personal Auto

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Product Name: PERSONAL AUTO

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Disposition

Disposition Date: 04/15/2008

Effective Date (New): 06/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CLTR-125590895 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Approved	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AUTHORITY TO FILE	Approved	Yes
Rate	Auto Exception Rules	Approved	Yes

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Auto Exception Rules	Page 1 of 2	Replacement	AR-PC-07-025004 CAM ARRULES 06 08 P7-8 FOR FILING.pdf

N. Collector Motorcycle

If a collector motorcycle is written under the policy attach the Collector motorcycle endorsement. Bodily Injury coverage for any insured or passenger is provided up to the policy's bodily injury liability limit.

AC 03 24 Collector Motorcycle Endorsement

The following rules are added:

14. DRIVER RATING FACTORS

Application of these rating factors are used to write a risk that would otherwise be declined due to the age or motor vehicle record of an operator in the household.

A. Under 30 Years of Age

A rating factor is applied to the vehicle's annual premium if the named insured is under 30 years of age. The factor is determined as follows:

Age of Named Insured	Rating Factor Applied
26 – 29 years old	1.50
21 - 25 years old	2.00
18 – 20 years old	2.50

B. Violations

A rating factor of 1.50 is applied to the vehicle's annual premium when the named insured has 4 minor moving violations or a total of 6 minor moving violations for all household operators.

C. Claim History Surcharge

If the insured has two or more at fault accidents; or one at fault accident resulting in death or payment of bodily injury or property damage policy limits, the policy premium will be surcharged. The accident must have involved a vehicle insured under the Classic Automobile Policy and must have occurred within three years of the Classic Automobile Policy's effective date.

In the event of a chargeable accident on a single vehicle policy, a 20% Claim History Surcharge will be applied to the liability, medical payments, no-fault and physical damage coverages. On a multi-vehicle policy, a 10% surcharge is applied to each vehicle on the policy.

No surcharge is applied for the following:

- Not at fault accident; or
- Accident resulting from contact with animals or fowl; or caused by flying gravel, missiles, or falling objects.

15. RESERVED FOR FUTURE USE**16. RESERVED FOR FUTURE USE****17. PERSONAL PROPERTY – SCHEDULED AND BLANKET (UNSCHEDULED) COVERAGE****A. Coverage:**

Coverage may be provided by endorsement to the Classic Auto Policy on a Scheduled or Blanket basis for certain classes of personal property.

Refer to Inland Marine Personal Property Rules and Rates for a description of the coverage, eligible classes, available limits, annual rates and optional deductibles.

B. Endorsements:

All classes except Spare Parts and Tools: Collectible Personal Property Endorsement, IM AC 43.

Spare Parts or Tools: Collector Vehicle Spare Parts or Tools Coverage Endorsement, IM AC 44.

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Supporting Document Schedules

Satisfied -Name:	A-1 Private Passenger Auto Abstract	Review Status:	Approved	04/15/2008
Comments:				
Attachment:	FORM A-1 collectibles.pdf			
Bypassed -Name:	APCS-Auto Premium Comparison Survey	Review Status:	Approved	04/15/2008
Bypass Reason:	Not applicable Rule filing only			
Comments:				
Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	04/15/2008
Bypass Reason:	Not applicable. Rule filing only.			
Comments:				
Bypassed -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status:	Approved	04/15/2008
Bypass Reason:	Not applicable			
Comments:				
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	04/15/2008
Comments:				
Attachment:	naic transmittal auto rule.pdf			

Review Status:

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Satisfied -Name: AUTHORITY TO FILE

Approved

04/15/2008

Comments:

Attachment:

Essentia Authorization 2008.pdf

PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent homeowners rate/rule submission that do not alter the information contained herein need not include this form.

Company Name: _ESSENTIA INSURANCE COMPANY
NAIC No. _37915 Group No. _1129

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance?
No _____

2. Do you furnish a market for young drivers? Yes _____
Over age 65 drivers? Yes _____

3. Do you require collateral business to support a youthful driver risk? No _____

4. Do you insure driver with an international or foreign driver's license? Yes _____

5. Specify the percentage you allow in credit or discounts for the following:

- a. Driver Over 55 _____ 10%
- b. Good Student Discount _____ 0%
- c. Multi-car Discount _____ 0%
- d. Accident Free Discount* _____ 0%
- *Please Specify Qualification for Discount _____
- e. Anti-theft Discount _____ 10%
- f. Other (specify) _____ %
- _____ %
- _____ %
- _____ %

6. Do you have an installment payment plan for automobile insurance? No _____
If so, what is the fee for installment payments? _____

7. Does your company utilize a tiered rating plan? No _____ If so, list the programs and percentage difference.
State the current volume for each program.

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Title

Telephone Number

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Essentia Insurance Company
One Beacon Lane
Canton, MA 02021

Date: *March 27, 2008*

To: State Insurance Departments

From: Gavin Blair

Subject: Filing Authority for Coulter & Associates, Inc.

I, *GAVIN BLAIR*, an officer of Essentia Insurance Company, have authorized Coulter & Associates, Inc., acting as our Contracts Consultants, to file products and correspond with your Department on our behalf. The Authorization is effective until December 1, 2008.

Officer Signature: *Gavin Blair*

Title: *V.P. and Actuary*